

# DECLARATION AND POWER OF ATTORNEY U.S.A.

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

## Use of a Reversed-Phase Support Material in Capillary Electrochromato- graphy

which is described and claimed in:

☒ PCT International Application No. PCT/EP 00/01391

filed February 21, 2000

☐ the attached specification

☐ the specification in application Serial No. \_\_\_\_\_

filed \_\_\_\_\_

(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

199 07 296.5

Germany

22/02/1999

Priority Claimed

☒ Yes

☐ No

(Number)

(Country)

(Day/Month/Year Filed)

(Number)

(Country)

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(Day/Month/Year Filed)

☐ Yes

☐ No

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☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

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Filing Date \_\_\_\_\_

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

**JACOBSON HOLMAN**

PROFESSIONAL LIMITED LIABILITY COMPANY

400 SEVENTH STREET, N.W.

WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

**JACOBSON HOLMAN**

PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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ADDITIONAL INVENTORS**

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204	FULL NAME * OF INVENTOR	FAMILY NAME LUBDA	GIVEN NAME Dieter	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Darmstadt	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
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201	FULL NAME* OF INVENTOR	FAMILY NAME <b>UNGER</b>	GIVEN NAME <b>Klaus</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Seeheim</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Am Alten Berg 40</b>	CITY <b>Seeheim</b>	STATE OR COUNTRY <b>Germany</b>
202	FULL NAME* OF INVENTOR	FAMILY NAME <b>BOOS</b>	GIVEN NAME <b>Karl-Siegfried</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Darmstadt</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Frankfurter Str. 250</b>	CITY <b>Darmstadt</b>	STATE OR COUNTRY <b>Germany</b>
203	FULL NAME* OF INVENTOR	FAMILY NAME <b>MUSCATE-MAGNUSSEN</b>	GIVEN NAME <b>Angelika</b>	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Hamburg</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prahlstr. 1-3</b>	CITY <b>Hamburg</b>	STATE OR COUNTRY <b>Germany</b>

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	POST OFFICE ADDRESS	POST OFFICE ADDRESS Am Alten Berg 40	CITY Seeheim	STATE OR COUNTRY Germany
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	RESIDENCE & CITIZENSHIP	CITY Hamburg	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
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<i>Dieter Lubda</i>		
DATE 16/8/2001	DATE	DATE
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(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

199 07 296.5

Germany

22/02/1999

(Number)

(Country)

(Day/Month/Year Filed)

Priority Claimed

☒ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys (Registration No. ) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

**JACOBSON HOLMAN**  
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**JACOBSON HOLMAN**

PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

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203	FULL NAME * OF INVENTOR	FAMILY NAME <b>MUSCATE-MAGNUSSEN</b>	GIVEN NAME <b>Angelika</b>	MIDDLE NAME
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			ZIP CODE <b>D-64342</b>	
			ZIP CODE <b>D-64271</b>	
			ZIP CODE <b>D-22765</b>	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE <u>17.8.00</u>

☐ Additional inventors are named on separately numbered sheets attached hereto.

**JACOBSON HOLMAN PLLC  
ADDITIONAL INVENTORS**

\* Inventor(s) name must include at least one unabbreviated first or middle name-

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205	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
208	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
209	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
210	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 *	SIGNATURE OF INVENTOR 205 *	SIGNATURE OF INVENTOR 206 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 *	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209 *
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

**COPY**